MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/536799 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT				AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1					51						
2								52						
3								53						
4								54						
5								55						
6								56						
7								57						
8								58						
9			1					59						
10								60						
11								61						
12			1					62						
13								63						
14								64						
15								65						
16								66						
17								67						
18								68						
19								69						
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22								72						
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35								85						
36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.		⬇	3	⬇		⬇		TOTAL IND.		⬇		⬇		⬇
TOTAL DEP.		⬅	21	⬅		⬅		TOTAL DEP.		⬅		⬅		⬅
TOTAL CLAIMS			24					TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)